



State of New Jersey  
Department of Community Affairs  
Division of Codes and Standards  
Bureau of Rooming and Boarding House Standards  
(609) 633-6251

Page 1 of 4 Date: 3/25/19  
Control Number 0305-0049  
License Capacity 20  
Shelter Class 3 No of Res. 17

*All Abated*  
*3/29/19*  
*(Signature)*

**ALL ABATED**

**EVALUATION AND ORDERS OF THE COMMISSIONER  
EMERGENCY SHELTER FOR THE HOMELESS**

OWNER/OPERATOR: <u>CENTER FOR FAMILY SERVICES</u>	SHELTER ADDRESS: <u>950 JACKSONVILLE ROAD</u>
ADDRESS: <u>PO Box 566 GLASSBORO NJ</u>	CITY, ZIP, COUNTY <u>BURLINGTON NJ</u>

Type of Evaluation: Social ☒ Physical ☐ Cyclical ☐ Addendum ☒  
**PLEASE READ CAREFULLY**

This evaluation performed by the Bureau of Rooming and Boarding House Standards is being conducted pursuant to the Act Concerning Emergency Shelters for the Homeless (N.J.S.A.55:13C-1 et seq.) and the Rules Governing Emergency Shelters for the Homeless (N.J.A.C.5:15-1 et seq.) You are ORDERED to correct the conditions described in the attached notice of violations by the compliance date indicated for each violation. You may contest these orders at an administrative hearing. The request for a hearing must be made within 15 days after receipt of these orders. Each issue intended to be raised at the hearing must be set forth in detail in the letter. Any issue not so raised shall be deemed waived. The hearing shall be held pursuant to The Administrative Procedure Act, (C.52:15B-1 et seq.) and the Uniform Administrative Procedures Rules (N.J.A.C.1:1-1 et seq.) A corporation may be represented only by a licensed attorney. You will be notified of the time and place of the hearing. Refer to the shelter address and date of compliance (if applicable) and address the hearing request to:

**Division of Codes and Standards, Hearing Coordinator, P.O. Box 804, Trenton, New Jersey 08625 with a copy to the Chief, Bureau of Rooming and Boarding House Standards, at the same address.**

**Extension To Abate:** By requesting an extension, one expressly waives the right to hearing and admits that the Notice and Orders are correct and free of procedural and substantive defects. You may wish to request an exception or a waiver of certain requirements contained in the Rules. If you find an extension of time is necessary to abate any violation, a letter must be submitted two (2) weeks prior to the date of compliance which state in detail the violations abated to date and the reason why each unabated violation cannot be corrected prior to the date of penalty. You must indicate the date by which all violations can be abated.

**Exceptions To Requirement May Be Granted As Follows:** An owner may request an exception modifying or postponing the application of any rule contained in this Chapter which may be granted upon showing that strict compliance would result in an undue hardship for residents of the facility and that the safety of the residents would not be unreasonably jeopardized if granted. Requests for exceptions shall be filed with the Bureau, as appropriate, within 20 days of the receipt of ruling, actions or order at issue but in no case after the date for abatement of any violation. The request shall state the rule that the owner wishes to modified or postponed, the reasons for the request and how the health, safety and welfare of the residents will not be jeopardized if the exception were granted.

**Waivers May Be Granted As Follows:** A licensee may request a waiver of all or part of the requirements of this Chapter. The request may be submitted to the Bureau at any time, shall be in writing and shall be granted or denied within 15 days of its receipt. The Bureau shall grant the waiver requested if there are insufficient facilities that meet the requirements of this Chapter available for particular populations. Any waiver wanted pursuant to this section shall be effective for a period of no longer then 60 days unless Bureau has received and approved a plan, submitted by the licensee, which demonstrates how the emergency shelter will be brought into compliance with these rules. The Bureau shall not disapprove a plan submitted unless the Bureau determines that there are sufficient funds available to bring the facility into compliance with these rules without decreasing the resident capacity or increasing the staff and the licensee, although eligible, is unable or unwilling to apply for and obtain such funds.

Commissioner,

Dianne Santos 3/25/19  
Received By Date

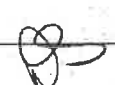
By: Bernard A Raymond  
Bureau of Rooming House and Boarding Home Standards

Dianne Santos  
Printed Name of Served

Handwritten Signature  
Bureau Representative

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

CONTIN # 0305-0049

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
5:15-3.5 (a) 3	YOU MUST INSURE THAT STAFF MEMBERS ARE FULLY TRAINED AND AWARE OF THE NEED TO MONITOR ALL RESIDENTS TO IDENTIFY ABRUPT OR PROGRESSIVE CHANGES IN BEHAVIOR OR APPEARANCE WHICH MAY SIGNIFY THE NEED FOR ASSESSMENT AND SERVICE. FURTHER YOU SHALL PROVIDE WRITTEN VERIFICATION THAT STAFF MEMBERS HAVE RECEIVED THIS TRAINING.	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS	<del>Note</del> 3/29/19 (S)	
5:15-3.5 (a) 5	YOU SHALL ENSURE THAT STAFF MEMBERS UNDERSTAND THE NEED TO HANDLE INDIVIDUAL EMERGENCIES INCLUDING ARRANGING FOR MEDICAL CARE OR OTHER SERVICES AS SOON AS POSSIBLE AND DOCUMENT ALL REPORTS OF SUCH NEEDS.	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS	<del>Note</del> 3/29/19 (S)	
5:15-3.5 (a) 7	YOU MUST INVESTIGATE AND MAINTAIN WRITTEN RECORDS OF ANY AND ALL INCIDENTS INVOLVING RESIDENT ENDANGERMENT AND REPORT ALL INCIDENTS TO THE PROPER AUTHORITIES.	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS	<del>Note</del> 3/29/19 (S)	

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

CONTR 1# 0305-0049

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
5:15-3.5(d)	IN THE EVENT THAT A RESIDENT DEVELOPS A MEDICAL CONDITION WHICH REQUIRES IMMEDIATE OR CONTINUED MEDICAL OR SKILLED NURSING SERVICES WHICH CANNOT BE PROVIDED ON AN OUTPATIENT BASIS OR WHICH CONSTITUTES A DANGER TO SELF OR OTHERS, THE FACILITY MUST (1) MAKE ARRANGEMENTS TO TRANSFER SUCH RESIDENTS TO AN APPROPRIATE MEDICAL FACILITY AND (2) NOTIFY THE RESIDENTS NEXT OF KIN IF KNOWN	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS		<del>State</del> 3/29/19 (S)
5:15-3.6 (a)2	FACILITY MUST EXERCISE CARE IN HANDLING AND DOCUMENTING EMERGENCIES, INCLUDING REFERRING RESIDENTS FOR MEDICAL CARE OR OTHER EMERGENCY SERVICES AND MAINTAINING RECORDS OF ANY SPECIAL MEDICAL NEEDS OR CONDITIONS, THE PRESCRIBED REGIMEN TO BE FOLLOWED AND THE NAMES AND PHONE NUMBERS OF MEDICAL DOCTORS TO CONTACT SHOULD AN EMERGENCY CONCERNING (4) REPORTING OR CAUSING A REPORT TO BE MADE TO THE DIVISION OF	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS		<del>State</del> 3/29/19 (S)

EVALUATION REPORT AND ORDERS OF THE COMMISSIONER

CONTR# 0305-0049

Administrative Code Reference		Compliance Date	Reinspection Date	Compliance Date
5:15-3.6 (a) 2 (4) CONT'd	OF YOUTH AND FAMILY SERVICE FOR CHILD ABUSE AND MISTREATMENT INVOLVING A RESIDENT UNDER 18			<i>State</i> 3/29/19 <i>AS</i>
5:15-3.7 (a)	FACILITY MUST HAVE KNOWLEDGE OF AND PROVIDE REFERRALS TO COMMUNITY RESOURCES WHICH CAN ASSIST EACH RESIDENT TO MAINTAIN OR IMPROVE HIS OR HER LEVEL OF FUNCTIONING	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS		<i>State</i> 3/29/19 <i>AS</i>
5:15-4.6 (a)	FACILITY MUST PUT SYSTEMS IN PLACE TO ENSURE THAT STAFF MEMBER ARE PROPERLY TRAINED WHEN THERE IS A CHANGE IN A CHILD'S SYMPTOMS THAT WOULD INDICATE A NEED FOR MEDICAL CARE AND SUBMIT NEEDED PAPERWORK TO GET APPROVAL FROM FEDERAL GOVERNMENT TO HAVE CHILDREN SEEN BY SPECIALISTS	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS		<i>State</i> 3/29/19 <i>AS</i>
5:15-4.17 (b)	FACILITY MUST MAINTAIN A WRITTEN INCIDENT REPORT INDICATING (1) NAME(S) OF PERSON(S) INVOLVED (2) DATE AND TIME OF EMERGENCY (3) TYPE OF EMERGENCY AND (4) THE DISPOSITION	IMMEDIATELY AND CONTINUOUSLY WITHIN 72 HRS		<i>State</i> 3/29/19 <i>AS</i>

END of Report

ALANDEL SMITH  
609-633-6251

WHITE ~ Owner Copy

Alander *AS* YELLOW ~ Evaluator

PINK ~ Office